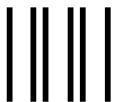


| PRINT LAST NAME - FIRST NAME - MIDDLE INITIAL | | CLAIM NO. C- | | SOCIAL SECURITY NO. | |
|--|-------|---|--|---------------------|----------------|
| VETERAN'S ADDRESS <i>(Please print or type - Include Zip Code)</i> | | THIS ADDRESS IS <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY | | DATE OF REQUEST | |
| ITEM REQUESTED | LEG | | ARM | | FOR USE BY DDC |
| | RIGHT | LEFT | RIGHT | LEFT | |
| 1. STUMP SOCK SIZE NO. | | | | | |
| MEASUREMENT WIDTH AT TOP | | | | | |
| MEASUREMENT WIDTH AT TOE | | | | | |
| MEASUREMENT LENGTH | | | | | |
| MATERIAL AND PLY | | | | | |
| 2. STOCKINETTE WIDTH | | | | | |
| 3. T-SHIRT, COTTON <i>(for shoulder disarticulation)</i> , SIZE; | | | | | |
| REMARKS | | | If privacy is desired, insert in envelope and mail to addressee. | | |

VA FORM
JUL 1991 **90-2345**

VETERAN'S REQUEST FOR STUMP SOCKS



PLACE
STAMP
HERE

Department of Veterans Affairs
Denver Distribution Center (905A)
P.O. Box 25166
Denver CO 80225-0166

